

**FIRST RESPONDER/EMERGENCY MEDICAL TECHNICIAN
CERTIFICATE/LICENSE APPLICATION**

This form is authorized under s. 146.50, Wis. Stats. and Chapters 110, 111, 112 and 113, Wis. Admin. Code. Completion of this form is mandatory for certification/licensure. Personally identifiable information requested on this form will only be used for certification/licensure purposes. Provision of your social security number is required and is used by the Bureau of Local Health Support & EMS only as an identifier in the database.

INSTRUCTIONS: Type or print legibly. Complete all sections of this application, sign it and attach a copy of both sides of your current CPR (for the healthcare professional) card and your ACLS card, if required. All applicants must attach a copy of a current National Registry card. Incomplete applications will be returned without action. Return this completed application to the service director to obtain affiliation with a service. If you are applying for No Service Affiliation, return the completed application to the following address:

RETURN COMPLETED FORM TO:

DIVISION OF PUBLIC HEALTH
BUREAU OF LOCAL HEALTH SUPPORT & EMS
P.O. BOX 2659
MADISON, WI 53701-2659

Indicate the purpose of this application:

- | | |
|---|---|
| <input type="checkbox"/> Original licensure - Wisconsin trained | <input type="checkbox"/> Reinstate expired license – Expiration date: |
| <input type="checkbox"/> Original licensure by reciprocity | <input type="checkbox"/> Change WI license level |

License level requested:

- ☐ First Responder ☐ Basic ☐ Basic IV ☐ Provisional Intermediate (1985) ☐ Intermediate (1999) ☐ Paramedic

Service Provider Affiliation: **If none, check here** ☐

Name of Service Provider

Provider License Number

APPLICANT INFORMATION

Last Name	First Name	MI	Former Name(s)
-----------	------------	----	----------------

Mailing Address

City	State	Zip Code	County	Social Security Number (Required)
------	-------	----------	--------	-----------------------------------

Daytime Telephone Number	Alternate Telephone Number	Birth Date (MM/DD/YY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
--------------------------	----------------------------	-----------------------	---

WI EMT Number (If applicable)	Expiration Date (MM/DD/YY)	E-mail Address
-------------------------------	-----------------------------	----------------

CRIMINAL HISTORY – Failure to provide this information will delay processing of your application.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form is used to determine whether a certificate/license should be granted, approved with limitations or denied. The information you provide on this form may be verified against criminal information records. Failure to provide requested information on this form will be considered a false statement on an application.

All applicants must answer the following questions:

☐ **Yes** ☐ **No** Have you ever been convicted of any felony or misdemeanor offense(s) in Wisconsin or in any other state OR do you have any felony or misdemeanor offense(s) pending against you at this time? If yes, list each offense below and provide the following information for each offense: copies of the police report or criminal complaint/Information, judgment of conviction and sentence, verification of your compliance with all terms of each sentence, including chemical dependency assessments, if ordered by the court, and verification of your compliance/completion of probation or parole.

☐ **Yes** ☐ **No** Within the last 10 years, has your driver's license been suspended, revoked or withdrawn in Wisconsin or in any other state OR do you have current pending charges that may result in the suspension, revocation or withdrawal of your driver license? If yes, list each offense below and provide a current driver abstract obtained from the Department of Transportation (DOT) by calling (608) 261-2566*.

List Arrest(s)/Conviction(s) (Attach additional sheets, if necessary)	Date of Conviction	Status
---	--------------------	--------

Applications will not be processed unless all required documentation is attached.

OVER

Have you ever been licensed as a First Responder or EMT in any other state? If yes, complete a "Verification of License" form available at www.dhfs.wisconsin.gov/DPH_EMSIP or by calling (608) 266-1568.

☐ Yes ☐ No If yes, list State(s) and level(s): _____

Have you ever had a professional license denied, limited, suspended, or revoked in Wisconsin or in any other state?

☐ Yes ☐ No If yes, attach a written explanation and a copy of the order.

Have you ever been discharged from a branch of the US armed forces with a discharge other than honorable?

☐ Yes ☐ No List type and date of discharge: _____

If yes, you must attach a copy of your discharge papers (DD214) that indicates your separation status and a written explanation.

TRAINING INFORMATION – If trained outside Wisconsin, you must submit a copy of your course completion certificate(s).

Level of Initial Training Completed	Training Center Name and Location	Completion Date

APPLICANT CERTIFICATION

I certify that the above information is true and complete, that I meet the qualifications for licensure under s.146.50, Wis. Stats. and Chapter HFS 110, 111, 112, 113, Wis. Admin. Code, at the level indicated on page 1 of this application. I certify that I am 18 years of age or older, and am capable of performing the duties of a first responder/emergency medical technician. I certify that the copy of the National Registry wallet card attached to this form is a true and accurate copy of that issued to me by the National Registry. I further certify that the copy of the CPR card and ACLS card, if required, is an accurate copy of that issued to me by a certified training agency.

SIGNATURE - Applicant

Date Signed

SERVICE AFFILIATION CERTIFICATION

I certify that the above named applicant is affiliated with the service provider noted above at the FR/EMT level indicated on page 1.

SIGNATURE - Service Provider (responsible party)

Date Signed

SERVICE MEDICAL DIRECTOR CERTIFICATION

I certify that I accept the above named applicant for participation in an approved FR/EMT program under my medical direction and endorse this application at the level indicated on page 1 of this application.

SIGNATURE - Medical Director

Date Signed

Print or Type Medical Director's Name

CHECK THE FOLLOWING TO MAKE SURE YOU ARE SUBMITTING A COMPLETE APPLICATION

- ☐ Have you attached a copy of both sides of your current CPR (for the healthcare professional) card and ACLS card, if applicable?
- ☐ Have you attached a copy of your current National Registry wallet card for the level for which you are applying?
- ☐ If you have a criminal history or reportable driving record, have you included all required documents?
- ☐ Have you signed the application?
- ☐ If you are affiliating with a service, has the service director and medical director signed the application?

***Only the Wisconsin Department of Transportation, Driver License Abstract will be accepted. If your offense(s) occurred while a resident of another state, contact that state for a Driver License Abstract. Do not send a copy of a driving record received from a local police department or other sources.**